



Colorado Department  
of Public Health  
and Environment

Center for Health and Environmental Information and Statistics  
Office of the State Registrar of Vital Statistics

## Application for Access to Marriage and Dissolution Index

Since 2003, the Office of the State Registrar of Vital Statistics has operated a web site where the general public may access information on marriages and dissolutions of marriage. As the issue of identity theft has grown, concerns have been expressed regarding the potential for misuse of this information. As a result, these records are now treated confidential consistent with other vital records in this state. This application is for those agencies that believe they have a direct and tangible interest in being granted access to researching these records.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: (\_\_\_\_) \_\_\_\_\_  
Fax number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Please provide a detailed explanation of why you are requesting access to the Marriage and/or Dissolution Verification database.

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\_\_\_\_\_

What is the volume or number of marriage/dissolution verifications you estimate you would do on a monthly basis? Marriages: \_\_\_\_\_ Divorces: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Office of the State Registrar of Vital Statistics  
Attn: Pedro Anguiano  
4300 Cherry Creek Drive South  
Denver, CO 80246  
303.692.2191  
303.691.7704 (fax)

**OSRVS USE ONLY**

\_\_\_ Approved - ☐ marriages ☐ dissolutions ☐ both  
\_\_\_ Denied

By: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit: a copy of your work ID, a \$120 annual subscription fee per application used, and sign the confidentiality agreement along with your application. Subscription will expire 1 year after the date of approval. You will be notified of your approval or denial in 2 – 4 weeks. **Disclaimer: Data provided as reported.**

OSRVS 1/2007



## DATA SECURITY, USE, AND CONFIDENTIALITY AGREEMENT

In consideration of my access to the Colorado Department of Public Health and Environment secure Marriage/Dissolution Website and information, I agree to the following. **(Initial each statement and sign below.)**

- \_\_\_\_\_ I understand that I am responsible for making every effort to prevent unauthorized users from gaining access to or using my user ID and password. I also agree to make very reasonable effort to prevent use of a computer for illegal or unethical purposes by all users, authorized or not.
- \_\_\_\_\_ I agree to immediately report any suspected or actual unauthorized access to the Colorado Department of Public Health and Environment point of contact that manages the information.
- \_\_\_\_\_ I will not share my password with any other person.
- \_\_\_\_\_ I will not leave my password around my computer or where another person might easily locate it.
- \_\_\_\_\_ I will change my password periodically and if I suspect it has been compromised. I will set up my passwords accordingly to department guidelines for length and content.
- \_\_\_\_\_ I understand that this is a “shared fate” environment. My fellow users and patients may be affected or confidentiality compromised by the activities of other users. Preventing such activity is the shared responsibility of all users.
- \_\_\_\_\_ I agree to access only the information I need to do my job and not to access or attempt to access files that I am not authorized to use. I will not “browse” or otherwise use files or programs that exceed what is the minimum necessary to do my job. My use and disclosures of information will be consistent with those permitted by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable laws and rules.
- \_\_\_\_\_ I agree **not** to discuss confidential information or to provide copies of confidential reports, regardless of how or where acquired, to family members, friends, professional colleagues, other employees, other clients or any other person unless such person has been authorized to have access to that information. If unsure who is authorized to access the information, I will check with my supervisor or the department point of contact who manages the information.
- \_\_\_\_\_ I understand that my access is granted for the purposes of public health and environmental protection. I will not use or disclose any data for any purposes or end in consistent with the purposes of the system(s) for which access is granted. If I am unsure if any use or disclosure is permitted, I will discuss the issue with my supervisor and/or contact appropriate department program staff for further clarification.
- \_\_\_\_\_ I will take precautions to protect confidential data displayed on my screen from viewing by others. This *may* mean re-positioning my computer screen adding a device to limit other’s view, turning off the computer when leaving the area or enabling password—protected screen savers. I will take reasonable and appropriate steps taking into account the staff and public access to my area and the nature of the data on the system.
- \_\_\_\_\_ I understand that files I access may be protected from distribution by copyright or other applicable laws. The department has exclusive copyrights in all original works of authorship created by its employees or contractors. This applies to both published and unpublished works, and includes, but is not limited to, written documents, charts, graphs, imagery and maps. Other entities’ copyrighted works also may be accessible on this Website. I will not reproduce, distribute or display these works without permission from the department or another copyright owner.
- \_\_\_\_\_ I understand that for audit or system security purposes, the department may monitor all my activity.
- \_\_\_\_\_ I understand that the department may revoke my access at any time, with or without cause.
- \_\_\_\_\_ I understand that any violation of federal, state, local or the program’s confidentiality requirements of this Agreement will be considered a breach of my obligations and may result in disciplinary action, up to and including termination of employment, termination of contractual relationship and other remedies allowed by law during or after my employment or work with this data systems. For the department and other state employees, discipline will be per the State of Colorado Personnel Rules.
- \_\_\_\_\_ I understand that information contained in the department’s information systems is highly confidential and is protected from improper use and disclosure by applicable federal and state laws. I agree not to disclose confidential information in violation of this agreement or applicable confidentiality laws.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date